

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

FILED OCT 8 1962

154

62-034053

1. PLACE OF DEATH a. COUNTY CASS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MT PLEASANT TOWNSHIP		c. CITY OR TOWN KANSAS CITY	
c. FULL NAME OF DECEASED (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 328th USAF Hospital Richards-Gebaur AFB, Mo		d. STREET ADDRESS (If outside, give location) 1328 Independence Avenue	
3. NAME OF DECEASED (Type or print) First Middle Last LUCIAN RAY ENOCHS		4. DATE OF DEATH Month Day Year September 23, 1962	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH Feb 10, 92
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Interior Decorator		10b. KIND OF BUSINESS OR INDUSTRY RETIRED	11. BIRTHPLACE (City and state or country) Madison, Missouri
13a. FATHER'S NAME William Enoch		13b. MOTHER'S MAIDEN NAME Susie Davenport	14. NAME OF HUSBAND OR WIFE Aline (Unknown)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		17. INFORMANT Address A2C William E. Enochs, 384th A&E Squadron Little Rock AFB, Arkansas	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Infarction of Myocardium Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) Cass Co Coroner Notified DUE TO (c) and investigated			INTERVAL BETWEEN ONSET AND DEATH Approx 30 minutes
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Sep 23, 1962 to Sep 23, 1962 and last saw him alive on NA Death occurred at 9:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Ray J. Sebree (Degree or title) RAY J. SEBREE, LOCAL REGISTRAR		22b. ADDRESS HARRISONVILLE, MISSOURI	
22c. DATE SIGNED 9-24-62		23c. NAME OF CEMETERY OR CREMATORY Sunset Hill Cemetery	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Sept. 25, '62	23d. LOCATION (City, town, or county) Madison	23e. STATE Missouri
24. FUNERAL DIRECTOR D.W. Newcomer's Sons		25. DATE RECD. BY LOCAL REG. 9-25-62	26. REGISTRAR'S SIGNATURE Ray J. Sebree

(Licensed Embalmers State of Missouri)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59

6190

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122-8

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
 or by _____, Student Embalmer No. _____
 working under my personal supervision.

Student _____
 Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.